

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020039

FILED VS. JUN 1 1960

187

Registration District No. _____ Primary Registration District No. 3040 Registrar's No. 102

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution? Residence before admission) a. STATE MISSOURI b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE		Length of stay in 1b 23 Wks.	c. CITY OR TOWN JAMESPORT Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHILLICOTHE HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 17 MI. N.W. of Chillicothe Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First NELLIE Middle GLEASON Last NICHOLS			4. DATE OF DEATH Month MAY Day 20 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 15, 1913	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) LIVINGSTON CO. MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES RALLS		13b. MOTHER'S MAIDEN NAME JOSEPHINE HARRIS		14. NAME OF HUSBAND OR WIFE GEORGE NICHOLS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT JAMES V. LEE: RR#3 Jamesport, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of cervix		INTERVAL BETWEEN ONSET AND DEATH approx 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary artery disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Chillicothe, MO	COUNTY LIVINGSTON	STATE MO
---	--	--	-----------------------------	--------------------

21. I attended the deceased from **5/4/59** to **May 20, 1960** and last saw her **live on May 20, 1960**
 Death occurred at **9:25 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William L. Fan, M.D. (Degree or title)	22b. ADDRESS Chillicothe, MO	22c. DATE SIGNED 5/21/60
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/23/60	23c. NAME OF CEMETERY OR CREMATORY CLEAR CREEK	23d. LOCATION (City, town, or county) LIVINGSTON COUNTY, MO. (State)
--	-----------------------------	--	--

24. FUNERAL DIRECTOR NORMAN FUNERAL HOME ADDRESS Chillicothe, Mo.	25. DATE RECD. BY LOCAL REG. 5/21/60	26. REGISTRAR'S SIGNATURE Francis B. Neale
--	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Chillicothe,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.